NAVIGATE

# ORIENTATION TO THE NAVIGATE PROGRAM FOR FIRST EPISODE PSYCHOSIS

This is a time of transformation in our understanding of how to enhance the recoveries of individuals diagnosed with a first episode of psychosis in the United States. A landmark study, the Recovery After an Initial Schizophrenia Episode (RAISE) Initiative, conducted with support from the National Institute of Mental Health (NIMH) tested an innovative team-based approach with participants having a first episode of psychosis. Seventeen mental health sites in the U.S., including urban, suburban, and rural settings, and serving people from diverse ethnic and cultural backgrounds, provided the RAISE-Early Treatment Program (RAISE-ETP). Over the next two years, in comparison to those receiving customary care, RAISE-ETP participants

- Were more likely to stay in treatment
- Had greater rates of participation in work or school
- Had greater reductions in symptoms
- Had greater improvements in quality of life

Both RAISE-ETP and customary care participants had low rates of hospitalizations, which did not differ between the two groups. RAISE-ETP benefits were greatest when participants got help sooner after becoming ill.

## More Details About the RAISE-ETP (NAVIGATE) Program

Research results from the controlled trial of RAISE-ETP can be found in: Kane, JM, Robinson DG, Schooler NR, et al. 2015 (October). Comprehensive versus usual community care for first episode psychosis: Two-year outcomes from the NIMH RAISE early treatment program. American Journal of Psychiatry.

RAISE-ETP is now named NAVIGATE, and is one of the recommended programs for implementing Coordinated Specialty Care (CSC) for early psychosis, as described by NIMH at the following website:

http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml

The NAVIGATE website can be found at:

www.navigateconsultants.org

NAVIGATE is a team-based approach, composed of the following staff members:

- **Program director,** who educates the community, recruits individuals who have begun to experience psychosis, and leads the team

- **Prescriber (psychiatrist, nurse practitioner or physician's assistant),** who is trained in using low doses of medications and special issues of relevance to individuals experiencing a first episode psychosis, such as shared-decision making and accommodating ambivalence about medication
- **Individual Resiliency Trainer (IRT),** who helps individuals identify and work towards their goals, teaching them strategies and skills to build their resiliency in coping with psychosis while staying on track with their lives
- **Family Education (FE) Clinician,** who helps the whole family learn about psychosis and how to manage it, and also how to support each other and build family resiliency (note: Program Director and FE clinician may be combined into a single position)
- **Supported Employment and Education (SEE) Specialist**, who helps people identify and achieve their educational and/or employment goals

Other services, such as case management and peer support, were not core components of the original NAVIGATE model, but are considered extremely helpful. Community mental health agencies that provide these services are encouraged to integrate them into their NAVIGATE programs. We will be happy to consult with your agencies to share experiences from other sites in integrating the following services:

- **Case Management**, provided either by a separate case manager or by a specified NAVIGATE team member (depending on local models), who helps people connect with community resources, such as housing and transportation
- **Peer support,** provided either by someone from an outside peer specialist program or by a NAVIGATE team member (depending on local models), who helps clients by sharing experiences of recovery and assisting clients in getting back on track with their lives, such as working, going to school, having positive relationships, and developing a strong support system

**The NAVIGATE Staff Training Process**

It is critical to recognize that successful implementation of NAVIGATE involves both individual clinicians learning and implementing new skills as well as all members of the team galvanizing to engage and meet the needs of individuals with a recent diagnosis of psychosis.

At the beginning of implementation, new sites must receive

- An initial set of 2-3 phone consultations to prepare for the implementation of NAVIGATE at the site. The calls should be attended by facility administrative and clinical leadership. Topics covered include
    - Discussion of the facility (i.e., staff, location, population of surrounding area) and its services, including any current early psychosis efforts, characteristics of current population served, and plans for implementing NAVIGATE
    - Overview of the in-person training format and requirements
    - Review of implementation activities after the training, including consultation calls
    - Description of proposed NAVIGATE team members, with special attention to scope of practice and need for any additional training
    - Discussion of plans for prescriber and how he or she can dedicate time to regular meetings with clients that follow the NAVIGATE prescribing recommendations, as well as participate in weekly team meetings and monthly consultation calls
    - Responses to any questions administrative or clinical leadership have about the program
- Two day in-person training for the psychosocial team members (IRT, Director/Family, and SEE)

- Half-day training and 3 hours of team workshops for the prescriber
- Regular consultation calls (twice monthly for six months, monthly for 6 months) for Director/Family clinician, IRT clinician, and SEE specialist after the training
- Monthly consultation calls for prescriber after the training
- One day of additional on-site training for SEE, which will include going out into the community to do job development (creating relationships with local employers) and developing and reviewing SEE record-keeping to promote fidelity

**How the NAVIGATE Treatment Program Works**

When individuals are enrolled in the program, they and their families first meet with the Program Director, who explains the program and answers any of their questions. The Program Director then introduces them to the other team members, and first appointments are set up with each of them. Each person then begins to work with the prescriber to evaluate the role of medication, with the IRT clinician to promote individual resiliency by enhancing illness management and building strengths, with the FE clinician to learn how to work together as a family to support the individual's recovery, and with the SEE specialist to pursue employment and educational goals. The individual and his or her family also receive case management services as needed.

On average, individuals and families usually work closely (e.g., weekly) with one of more members of the team for 6 to 12 months, followed by less frequent services (e.g., monthly for 12-18 months). After about two years, the team, the individual and his or her family usually work together to decide on the next best steps to continue their recovery. Some individuals stay with the NAVIGATE team at the same levels or a less intensive basis (e.g., monthly check-ins), some transfer treatment to a non-NAVIGATE team, and others may no longer be involved in treatment.

**Written Materials for NAVIGATE Available to Download on the navigateconsultants.org Website:**

- Prescribers Manual
- Program Director Manual
- Team Members Guide
- IRT Manual
- FE Manual
- SEE Manual

**Videos for NAVIGATE on the website**

- Examples of 3 IRT sessions
- Introductory video, by John Kane, MD, principle investigator of RAISE ETP (now called the NAVIGATE program)

**Initial Consultation**

If you are interested in exploring implementing NAVIGATE at your agency or in your state, we offer a free one-hour phone consultation. You can set one up by e-mailing

Susan Gingerich at navigate.info@gmail.com.

Susan has worked with individuals with mental illness and their families for over 30 years, and for the past 18 years has also provided training and consultation for mental health professionals. She has worked

with the NAVIGATE program since it began, and has over six years of experience working with NAVIGATE teams across the U.S.

# FREQUENTLY ASKED QUESTIONS ABOUT NAVIGATE

**How is eligibility for first episode services defined in NAVIGATE programs?**
In the original NIMH research program confirming the benefits of RAISE-ETP (now called NAVIGATE), eligible clients were enrolled if they

- Were between ages of 15-40
- Had or were experiencing psychosis, that would likely be reflecting signs of early schizophrenia, but their symptoms did not look like psychotic depression or bipolar disorder, and physical reasons for the psychosis had been ruled out
- Had been on antipsychotic medication for less than 6 months*

*Most community sites implementing NAVIGATE after the study have expanded the time of antipsychotic use and/or psychotic symptoms to 1-2 years.

**What difference does the duration of untreated psychosis make in the outcomes of clients with first episode?**
In the original research study, the longer a psychosis had gone untreated, the less likely the participants achieved full benefits from the NAVIGATE program. That is, the sooner the treatment, the better the outcomes.

**How can new NAVIGATE sites identify suitable clients?**
Many NAVIGATE sites find they have to conduct assertive community outreach to identify eligible participants for the program; typically, they do not have a sufficient number of suitable clients on their current rolls. This community engagement often involves developing partnerships with local inpatient facilities, pediatricians and psychiatrists, high schools, colleges, police departments, jails, and courts, as well as National Alliance for the Mentally Ill (NAMI) affiliates. Often sites will hold a "kick-off" meeting and invite potential local community partners to tell them more about the program, as well as place articles in local newspapers and use social media. We will be happy to discuss successful strategies other NAVIGATE sites have used.

**What is the caseload of a typical NAVIGATE team?**
Typically coordinated specialty care programs work to maintain a small caseload in order to provide intensive team-based services and to provide assertive outreach. We recommend a maximum caseload of 30 people on a NAVIGATE team.

**How many staff members are included in a typical NAVIGATE team?**
The staffing of a NAVIGATE team varies depending on the location and total caseload size. The minimum staff for a full team (i.e., with a caseload of up to 30) typically includes a prescriber (20%), a program director who also serves as the FE staff person (combined position is full-time), a SEE specialist (full-time), and an IRT clinician (either two half-time clinicians or one full-time clinician). Some teams have added a staff member to address case management issues on the team, and other teams have shared case management responsibilities across the team. Some teams have also added a peer specialist to their team. As the caseload size of the NAVIGATE team increases towards 30 people, teams may find it helpful to increase staffing, such as adding another IRT staff member (either part-time or full-time).

**How is fidelity to implementation assessed in NAVIGATE?**
While needs vary across sites, we are happy to share the procedures we used assessing implementation fidelity in the RAISE trial. These strategies included rating team meetings, IRT sessions, and family sessions for adherence to the manual based on the use of audiotapes or listening in on sessions, as well as

chart review and staff interviews to determine SEE fidelity and overall implementation of the team-based model. We can work with sites to develop and implement fidelity assessment strategies, should that be desired.

For teams who are interested, we developed the following procedures to assure that team members demonstrated initial competency in the interventions:

Steps to Clinical Provider Certification

1. Meet fidelity criteria to become a certified clinical provider of NAVIGATE, which includes providing fully integrated NAVIGATE services to a minimum of 6 clients for a period of 9-12 months in the context of a fully staffed and well-functioning NAVIGATE team
2. Meet fidelity requirements for each intervention. All interventions require at least 80% attendance consultation calls. In addition, Director fidelity requires completion of summaries of meetings held and taping or observation of team meeting; Family and IRT fidelity require taping and rating of sessions; Prescriber requires documentation of implementing prescriber principles; and SEE requires collecting data about activities completed and a one day site visit

Steps to Trainer Certification **After Receiving Clinical Certification**

1. Participate in an evaluation of strengths and areas of improvement as a potential trainer
2. If decision is made to pursue certification as a trainer, each potential trainer participates in "train the trainer" webinars specific to his or her component; in addition, the whole team attends a "train the team" webinar.
3. Attend monthly trainer consultation calls for a year (separate calls for each intervention).

**Which client outcomes should be tracked as part of NAVIGATE?**
Typical client outcomes that would be expected to be impacted by participation in NAVIGATE include 1) retention in treatment; 2) participation in work or school activities; and 3) reduction in psychotic and depressive symptoms. We also recommend collecting data on use of crisis services and hospitalization, involvement in the justice system, and substance use. We will be happy to discuss approaches to defining and monitoring program outcomes.

**What are the characteristics of a good NAVIGATE staff member**?
The most important characteristic in a NAVIGATE team member is belief that individuals can recover from an experience of psychosis and go on to lead rich satisfying lives. It is also helpful for team members to have some experience recognizing and treating psychosis. Team members without this background may require additional training to be skillful NAVIGATE team members.

**How are NAVIGATE teams funded?**
Many NAVIGATE teams have acquired funding to start a team through the 2014 and 2015 appropriations from the SAMHSA Mental Health Block Grant funding, where each state received a five percent set-aside specifically to support evidence-based programs to provide treatment to persons with early serious mental illness. In the RAISE-ETP research trial, it should be noted that 20% of the persons enrolled in the trial had private or both public and private insurance, 28% had Medicaid, 5% had CHIP, 2% had Medicare, 43% had no insurance, and 5% had unknown insurance status (Robinson et al., 2015). Given the range of insurance coverage for first episode clients, it is important for NAVIGATE teams to work with both public and private insurance entities to manage reimbursement and to cover individuals participating in NAVIGATE. It is also important to determine what services will not be covered and how payment can be provided by sources other than insurance.

**RESEARCH PUBLICATIONS AS OF 10-26-15**

Addington J, Heinssen RK, Robinson DG, Schooler NR., Marcy P, Brunette MF, Correll CU, Estroff S, Mueser, KT, Penn D, Robinson JA, Rosenheck RA, Azrin ST., Goldstein AB, Severe J, Kane J.M. 2014**.** Duration of untreated psychosis in community treatment settings in the United States, Psychiatric Services, 66(7): 753-756.

Correll CU, Robinson DG, Schooler NR, Brunette MF, Mueser KT, Rosenheck RA, Marcy P, Addington J, Estroff SE, Robinson J, Penn DL, Azrin S, Goldstein A, Severe J, Heinssen R, Kane, JM. 2014. Cardiometabolic risk in patients with first-episode schizophrenia spectrum disorders: Baseline results from the RAISE-ETP Study. JAMA Psychiatry, 71(12), 1350-1363.

Kane JM, Schooler NR, Marcy PM, Correll CU, Brunette MF, Mueser KT, Rosenheck RA, Addington J, Estroff SE, Robinson J, Penn DL and Robinson DG. 2015. The RAISE early treatment program for first-episode psychosis: Background, rationale, and study design. Journal of Clinical Psychiatry; 76(3): 240-246.

Kane, JM, Robinson DG, Schooler NR, et al. 2015 (October). Comprehensive versus usual community care for first episode psychosis: Two-year outcomes from the NIMH RAISE early treatment program. American Journal of Psychiatry.

Meyer PS, Gottlieb JD, Penn D, Mueser K, Gingerich S. In press. Individual Resiliency Training: An early intervention approach to enhance well-being in patients with first-episode psychosis. Psychiatric Annals.

Mueser KT, Penn DL, Addington J, Brunette MF, Gingerich SG, Glynn SM, Lynde DW, Gottlieb JD, Meyer-Kalos P, McGurk SR, Cather C, Saade S, Robinson DG, Schooler NR, Rosenheck RA, Kane, JM. 2015. The NAVIGATE program for first episode psychosis: Rationale, overview and description of psychosocial components. Psychiatric Services; 66(7): 680-690.

Robinson DG, Schooler NR, Kane John M, Correll CU, Marcy P, Addington J, et al. 2015. Medication prescription practices in the treatment of first-episode schizophrenia spectrum disorders: Data From the national RAISE-ETP study. American Journal of Psychiatry; 172(3): 237-248.